

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER			
FORMALITY REVIEW	EL	62972	11-2-85

09/633297

# INDEX OF CLAIMS

✓ ----- Rejected      N ----- Non-elected  
 - ----- Allowed      I ----- Interference  
 - (Through numeral) Canceled      A ----- Appeal  
 + ----- Restricted      O ----- Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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